

# CITY OF REDMOND APPEAL APPLICATION FORM

(Staff Use Only)	
File No:	
Date Received:	
Receipt No.	
-	

To file a land use appeal, please complete the attached form and pay the applicable appeal fee by 5:00 p.m. on the last day of the appeal period.

Form submission and payment must be by PERSONAL DELIVERY at City Hall 2<sup>nd</sup> Floor Customer Service Center c/o Office of the City Clerk-Hearing Examiner, 15670 NE 85<sup>th</sup> Street. Contact the Office of the Hearing Examiner with process questions at 425-556-2191.

#### **Standing to Appeal:**

- Appeal to the Hearing Examiner of an Administrative, Technical Committee or Design Review Board Decision (Type I or II) the project applicant, owner, or any person who submitted written comments (party of record) prior to the date the decision was issued may appeal the decision. The written appeal and the applicable fee must be received by the City of Redmond's Office of the Hearing Examiner no later than 5:00 p.m. on the 14<sup>th</sup> calendar day following the date of the decision.
- Appeal to the City Council of a Hearing Examiner decision on an appeal (Type I or II) the project applicant, owner, City staff, or any party who appealed the department director's or Technical Committee's decision to the Hearing Examiner. The written appeal and the applicable appeal fee must be received by the City of Redmond's Office of the Hearing Examiner no later than 5:00 p.m. 10 business days following the expiration of the Hearing Examiner's reconsideration period.
- Appeal to the City Council of a Hearing Examiner (or Landmarks and Heritage Commission) decision on an application (Type III) the project applicant, owner, City staff, or any person who established themselves as a party of record prior to or at the public hearing. The written appeal and the applicable appeal fee must be received by the City of Redmond's Office of the Hearing Examiner no later than 5:00 p.m. 10 business days following the expiration of the Hearing Examiner's (or Landmarks and Heritage Commission's) reconsideration period.

Should the appellant prevail in the appeal, the appeal application fee will be refunded (City of Redmond Resolution No. 1459). The appeal application fee will not be refunded for appeals that are withdrawn or dismissed.

City Council decisions may be appealed to Superior Court by filing a land use petition which meets the requirements set forth in RCW Chapter 36.70C. The petition must be filed and served upon all necessary parties as set forth in State law and within the 21-day time period as set forth in RCW Section 36.70C.040. Requirements for fully exhausting City administrative appeal opportunities must be fulfilled.

Please continue to page 2 to select your appeal type.

## Please check the applicable appeal: □ Appeal to the Hearing Examiner of a SEPA decision RZC 21.70.190(E). (Please be sure to understand the type of SEPA appeal you are filing, and if a further appeal to the underlying action is needed.) ☐ Appeal to the Hearing Examiner of an Administrative, Technical Committee or Design Review Board Decision (Type I or II) RZC 21.76.060(I) ☐ Appeal to the City Council of a Hearing Examiner decision on an appeal (Type I or II) RZC 21.76.060(M) ☐ Appeal to the City Council of a Hearing Examiner (or Landmarks and Heritage Commission) decision on an application (Type III) RZC 21.76.060(M) **General Information** Section A. Name of Appellant: City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (home) \_\_\_\_\_\_(cell) \_\_\_\_\_ Name of project that is being appealed: File number of project that is being appealed: Date of decision on project that is being appealed: Expiration date of appeal period: \_\_\_\_ What is your relationship to the project? ☐ Party of Record ☐ Project Applicant ☐ Government Agency Pursuant to the Redmond Zoning Code, only certain individuals have standing to appeal a decision on application or appeal (See page 1 above). Below, please provide a statement describing your standing to appeal, and reference all applicable City Code citations.

### Section B. Basis for Appeal

Please fill out items 1-4 below. Reference all applicable City Code citations and attach additional sheets if necessary.

1.	Please state the facts demonstrating now you are adversely affected by the decision:
2.	Please provide a concise statement identifying each alleged error of fact, law, or procedure
	and how the decision has failed to meet the applicable decision criteria:
	<b>ppealing a Hearing Examiner decision:</b> Please provide the findings of fact or conclusions outlined in the Hearing Examiner's decision) which are being appealed:
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3.	Please state the specific relief requested:
4.	Please provide any other information reasonably necessary to make a decision on the appeal:

### Do not use this form if you are appealing a decision on a:

- Shoreline Permit (must be appealed to the State Shoreline Hearings Board  $RZC\ 21.68.200(C)(6)(b)$ )
- Shoreline Variance or a Shoreline Conditional Use Permit (must be appealed to the State Shoreline Hearings Board  $RZC\ 21.68.200(C)(6)(c)$ )
- Hearing Examiner decision on a SEPA appeal (not an appealable action as successive appeals are not allowed  $RZC\ 21.70.190(D)$ )
- City Council approval or denial (must be appealed to Superior Court RZC 21.76.060.Q)